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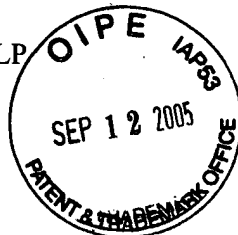
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30678 7590 08/29/2005

CONNOLLY BOVE LODGE & HUTZ LLP
 SUITE 800
 1990 M STREET NW
 WASHINGTON, DC 20036-3425

09/14/2005 MBEYENE2 00000157 500510 10611931

01 FC:1501 1400.00 DA
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,931	07/03/2003	Panayotis C. Andricacos	YOR920020368US1	3968

TITLE OF INVENTION: SELECTIVE CAPPING OF COPPER WIRING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHU, CHRIS C	2815	438-652000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Connolly, Bove,
 2 Lodge & Hutz, LLP
 3 Robert M. Trepp

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business
 Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0510 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

9-1-05

Typed or printed name

Burton A. Amernick

Registration No.

24,852

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